

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 23 PH 3: 15

DOCUMENT # J46731

(2)

1. Corporation Name

B & B TIRE & TUBE COMPANY, INC.

Principal Place of Business

**1820 SE 37TH PL
OCALA FL 32671**

Mailing Address

**1820 SE 37TH PL
OCALA FL 32671**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/05/1986

3a. Date of Last Report

05/13/1994

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22 City & State

27

City & State

23 Zip

28

Zip

24 Country

29

Country

25

30

Country

4. FEI Number

59-2786561

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under § 199(3)(2),
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**BERGSTRASSER, WILLIAM
1820 S.E. 37TH PLACE
OCALA FL 34471**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title of individual

(If 11. Registered Agent Signature required, attach immediately)

AT

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DP

NAME

BERGSTRASSER, WILLIAM

STREET ADDRESS

1820 SE 37TH PLACE

CITY, ST, ZIP

OCALA FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in law here. I do hereby certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and shall be used only in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Wm Bergstrasser **Wm BERGSTRASSER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

220-96

904-867-0399